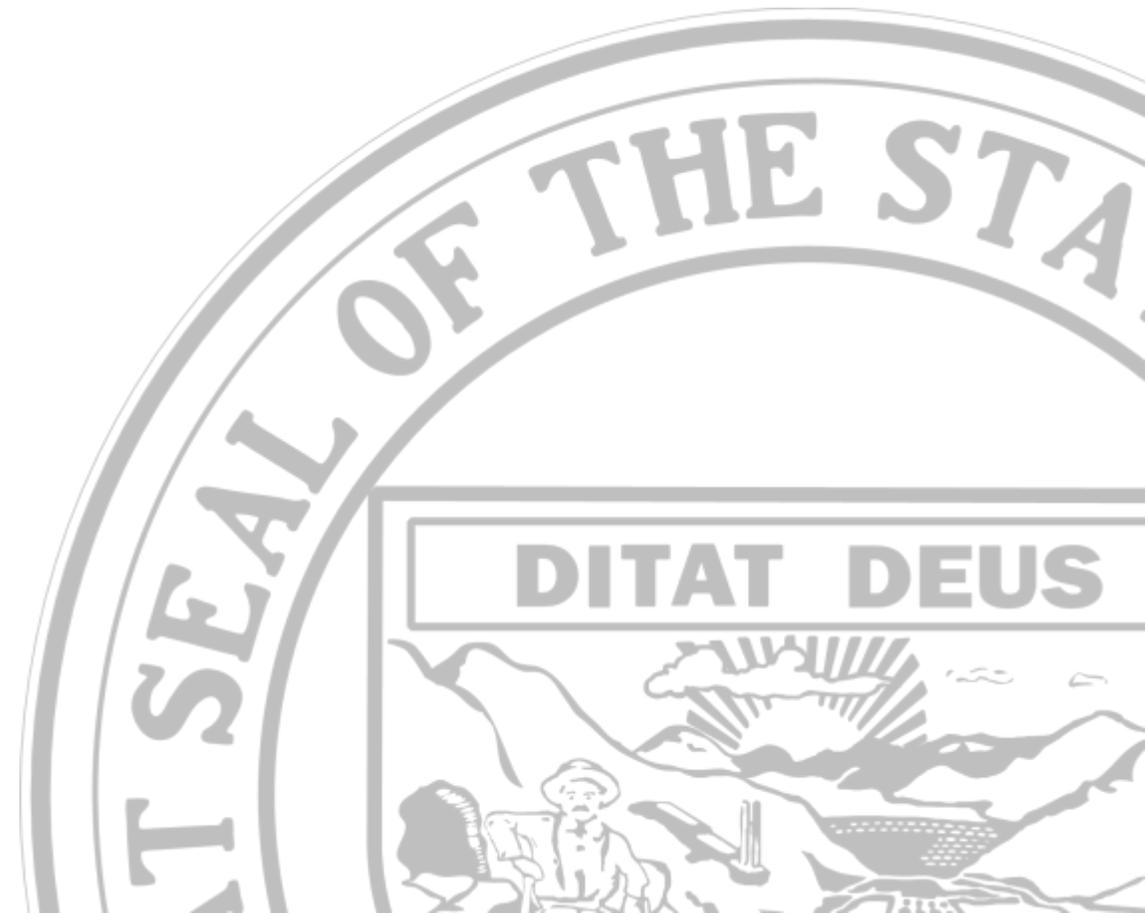
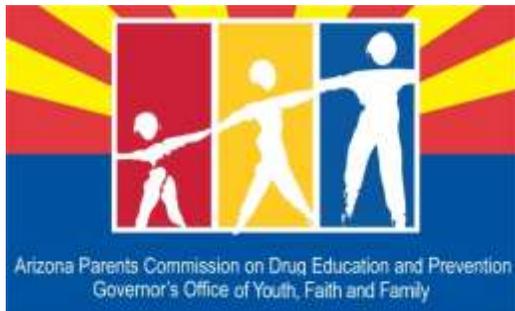


Arizona Parents Commission on Drug Education & Prevention

November 17, 2021

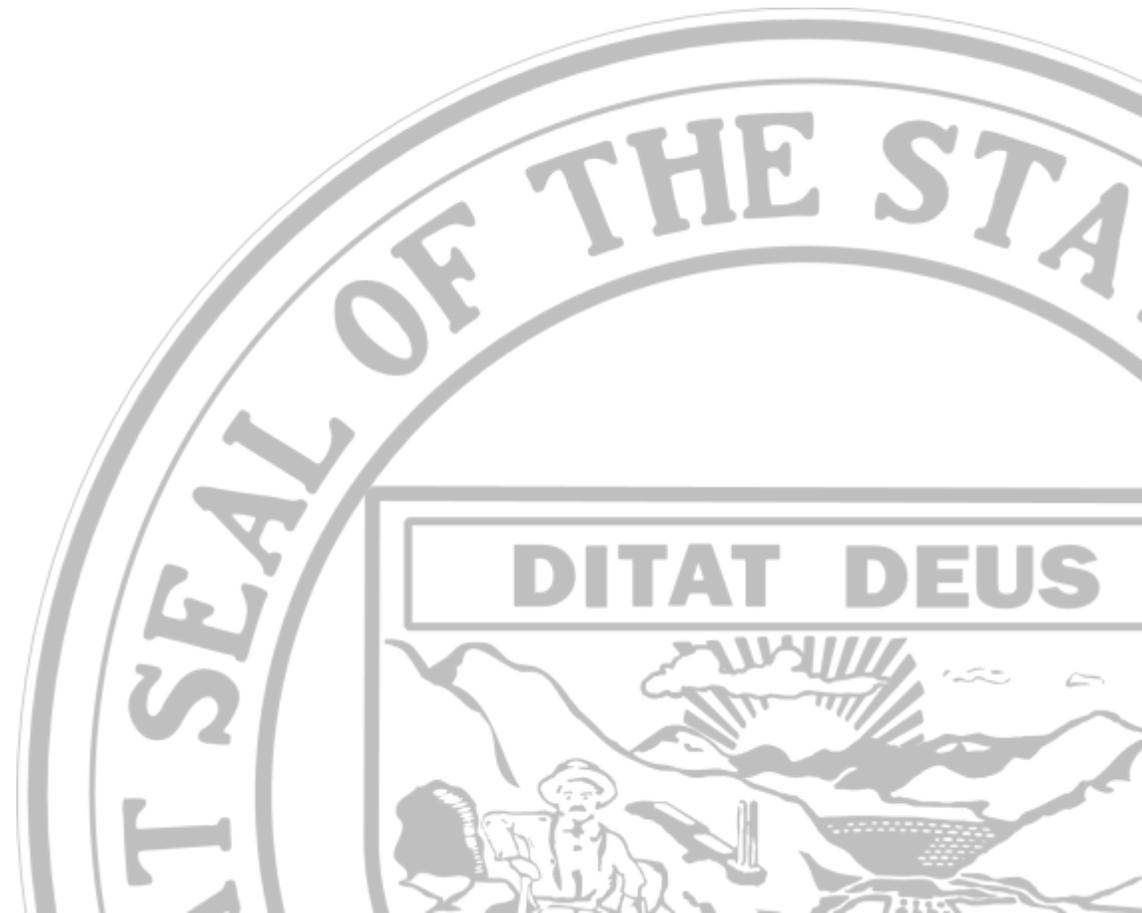
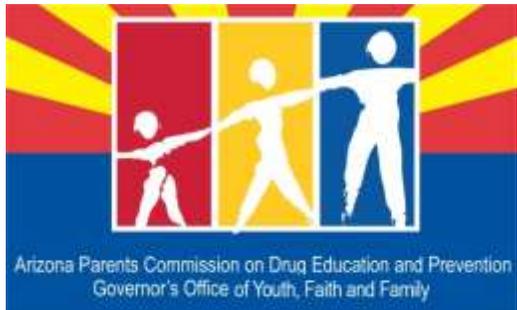


Arizona Parents Commission on Drug Education & Prevention

Phoenix Indian Center

Jolyana Begay Kroupa

Interim Chief Executive Officer



PHOENIX INDIAN CENTER

ESTABLISHED 1947



MISSION

The Phoenix Indian Center serves the community with culturally relevant youth services, language and cultural revitalization programs, education and workforce development.

Enriching the Lives of American Indians for 74 years!

BRIEF HISTORY - THEN...

- ❑ Founded in 1947 / Incorporated 1954
- ❑ Direct service to 7,000+ customers each year, representing an average of 93 different Tribal Nations.



Demographics for American Indians

- 286,260 AIs in Arizona; (4.5% of the total population)
- 120,596 in Phoenix metropolitan area
(2017/18 ACS)

Ages of population

- Under 5 – 9.5%
- 5-17 - 23.20%
- 25-34 – 13.0%
- 45-54 – 11.8%
- 55-64 – 7.20%
- 65+ - 5.2%

Poverty Rates

- 30% poverty rate
 - 37% under age 18
 - 20% on food stamps
 - 13% unemployment
- vs. 5% for general population*

Educational Attainment

(aged 25 years+)

- 79% HS grad or higher
- 15% - Bachelors degree
- 4.9% Graduate professional degree

OUR CUSTOMERS

- ❑ Our customers are considered “working poor”
- ❑ 65% households have children
- ❑ 68% households headed by women
- ❑ Daily challenges for many include: Lack of transportation, food insecurity, lack of childcare, limited access to health care.



WHAT WE DO

1. Workforce Development Services
2. Prevention Services
3. Youth Development Programming
4. Language and Culture Revitalization



WORKFORCE DEVELOPMENT

- ❑ Assist and support in gaining employment
- ❑ Public use of computer work stations | Job Readiness Classes
- ❑ Employer Recruiting Opportunities / 1:1 case management and career coaching support
- ❑ Career Pathways Training Programs | Work Experience and more!
- ❑ Flagstaff location @ Native Americans for Community Action Center



Phoenix Indian Center

General Family Support Services

- Assist individuals with financial issues. If no resources in-house, referrals to community agencies will be provided
- Information & Referral
- Assist with SNAP; unemployment; child support papers; SSD; Vocational Services self-referrals; other
- Childcare available



PREVENTION (Drug, Alcohol & Suicide)

- **Urban Indian Coalition of Arizona (UICAZ)**
- **Culturally Embedded Evidence Based Programs:**
 - ▣ **Parenting in Two Worlds** – Effective communication on risky behaviors
 - ▣ **Living in Two Worlds** – Positive choices for middle school youth
- **GONA | safeTALK | QPR | ASIST**



YOUTH DEVELOPMENT

- ❑ Youth Council: **Future Inspired Native American Leaders (FINAL)**
- ❑ College & Career Readiness Program
 - ❑ Financial aid and college entrance process workshops
 - ❑ Job readiness and life after high school skills workshops
 - ❑ Mentoring & coaching in culture | prevention | post secondary options and career exploration | Summer Internships
 - ❑ Annual Youth Leadership Day

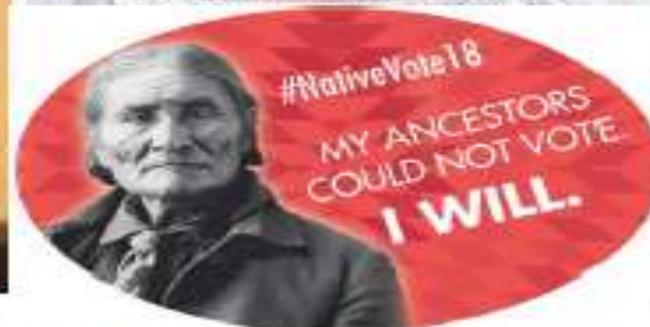


REVITALIZING LANGUAGE AND CULTURE

- Language Classes focusing on Dine Language
- Cultural Classes [weaving, bow and arrow making]
- Seasonal Storytelling Events
- Dine Urban Voices
- Cultural Awareness Workshops
(Cultural Competency)
 - For employers
 - Teacher in service
 - Other organizations etc.



COMMUNITY BASED PROJECTS



- ❑ Arizona American Indian Excellence in Leadership Awards
- ❑ Annual Silver and Turquoise Ball
- ❑ Civic Engagement | Voter Outreach | Census

Enriching the Lives of American Indians for 74 years!

COVID Relief Efforts



- ❑ Face-to-Face interaction to Virtual format
- ❑ Emergency Rental Assistance
- ❑ Utility Assistance
- ❑ Fill the Truck Campaign
- ❑ AZ Tribal Nation COVID Relief Projects
- ❑ Phoenix Food Distribution Drive
- ❑ 250+ masks sewed & donated

THANK YOU

**PHOENIX
INDIAN
CENTER**
ESTABLISHED 1947



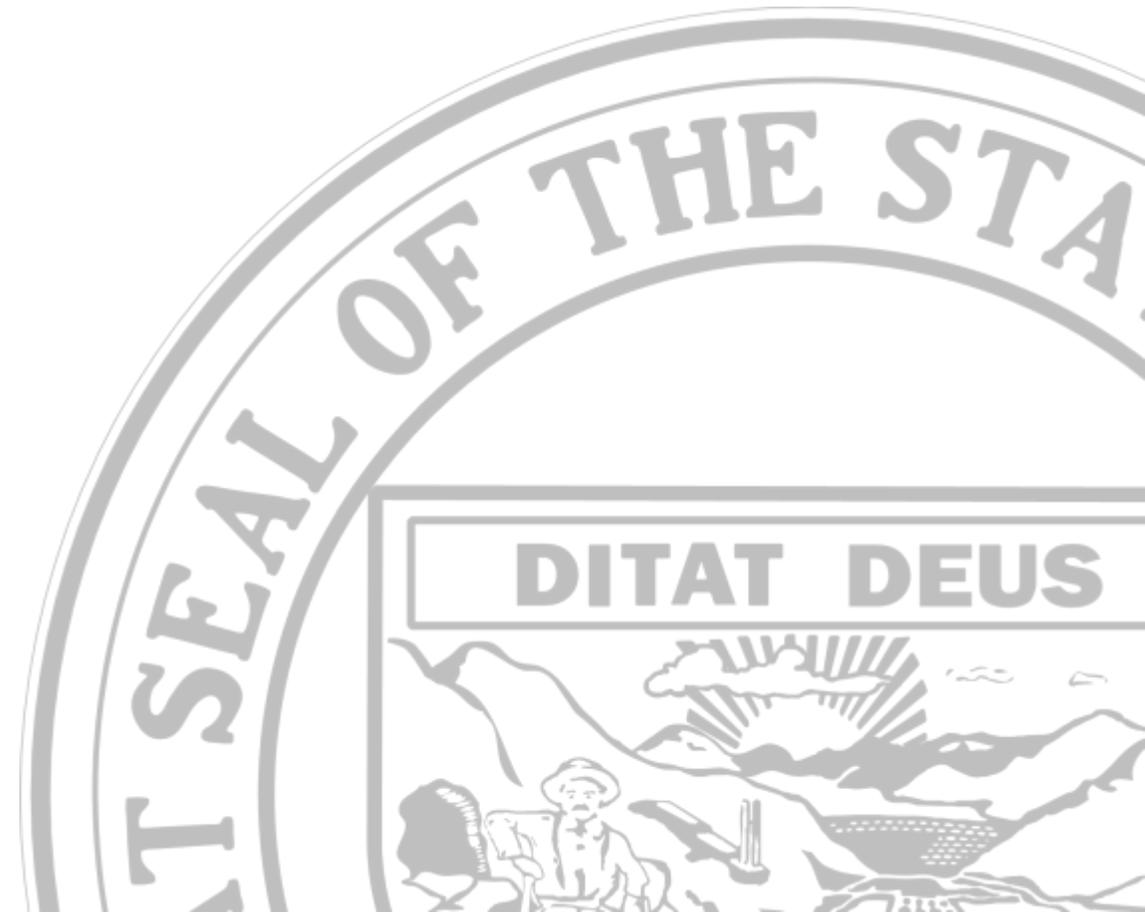
www.phxindcenter.org



Arizona Parents Commission on Drug Education & Prevention

Hushabye Nursery

*Tara Sundem,
Executive Director*



HUSHABYE NURSERY

The Tiniest Victims of the Opioid Crisis



Opioid Epidemic In Arizona



The U.S. accounts for ~ 5 % of the world's population but...

consumes **80 %** of the global opioid supply

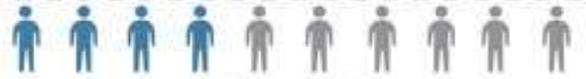
&

4 out of 5



new heroin users start by misusing prescription painkillers

More than 2 Arizonans die each day from an opioid overdose

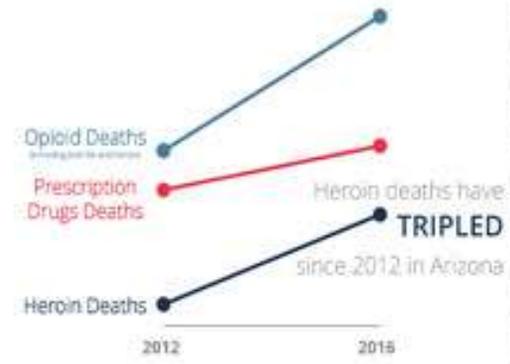


4 out of 10

Arizona adults know someone addicted to **prescription painkillers**

431 MILLION opioid pills were prescribed in 2016

enough for **every** Arizonan to have a **2.5 week supply**



Drug overdoses* take **more lives** than car crashes in Arizona

*Includes overdoses from prescription drugs, heroin, marijuana, and other illicit drugs.



In the last 5 years, **86%** of persons who died from an opioid related cause were using **multiple substances**



For more information: azhealth.gov



Every day, more than **2 babies** are born passively dependent in AZ.



Neonatal Abstinence Syndrome

Condition experienced by an infant after birth due to sudden discontinuation of exposure to certain drugs such as opioids that were used by their mother during pregnancy.

Prabhakar Kocherlakota
Pediatrics Aug 2014, 134 (2) e547e561; DOI: 10.1542/peds.2013-3524



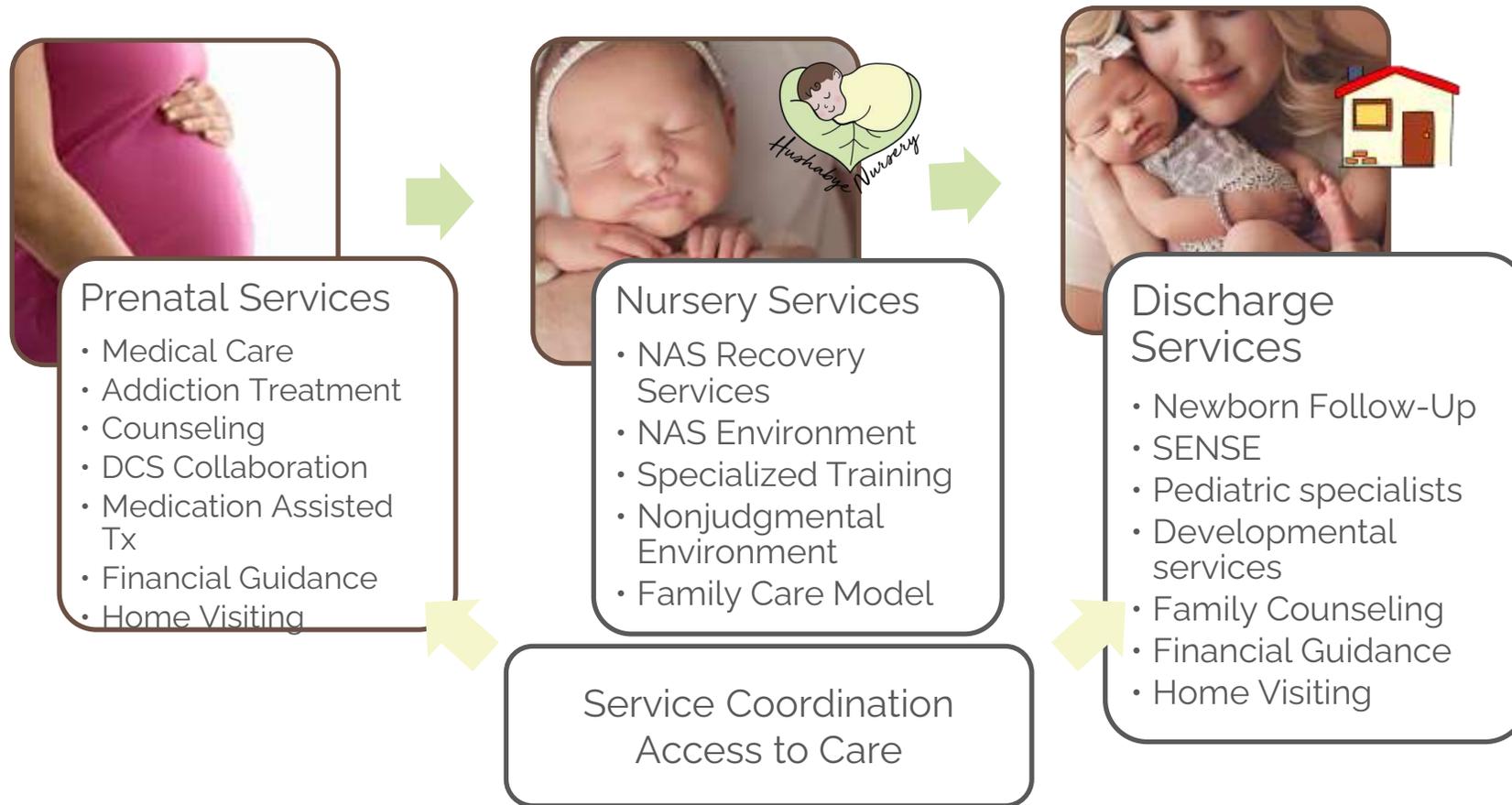
Hushabye Nursery's Mission

“To embrace substance exposed babies and their caregivers with compassionate, evidence-based care that changes the course of their entire lives.”



Hushabye Nursery's Care Model

NAS Center of Excellence



HOPPE PROGRAM

Hushabye Opioid Pregnancy Preparation & Empowerment





Outpatient Services

- Peer Supports
- Trauma Specialist
- EMDR
- Counseling
- Transportation, food and housing support
- NAS education-diagnosis treatment and follow-up care
- Infant CPR
- Car Seat Education
- Safe Sleep Education
- Baby Supplies and Resources
- Care Coordination
- Evidence Based Parenting Classes such as Triple P Parenting
- Baby Soothing Education
- Social Connections
- SMART Recovery

Current NICU Environment



Hushabye Nursery is Different.

NICU Model

- NICU environment
- Design NICU for premature babies, not NAS babies
- Limited resources for family recovery and DCS navigation
- Restricted visitation due to COVID and space
- Ensure one caregiver to every three babies (1:3)

Hushabye Model

- Treat babies in quiet, dark, calm environment
- Private nurseries
- Educate families on how to care for NAS baby
- Family can stay in-room 24/7**
- Ensure one caregiver per baby (1:1)**
- DCS Case manager**
- Hire specially-trained staff with passion for NAS babies
- Promote bonding and breastfeeding
- Use five Ss, rock up and down, 6th S-squat techniques
- Wean and treat babies with medications as necessary
- Eat Sleep & Console Treatment Model (ESC)**
- Validate Finnegan Neonatal Abstinence Scoring System**
- Provide outpatient behavioral health treatment onsite**







Inpatient Services

- Care for babies as they go through the withdrawal process
- Families may stay with their baby 24/7
- ESC model with Modified Finnegan assessment tool
- **Phototherapy**
- **Gavage Feedings**
- **Pharmacologic care if needed**
- **DCS Support**
- Family Education
- Counseling
- Family Coaching
- **Lactation Support**
- Developmental Specialist Consultations
- Trauma Support Specialist (EMDR)

Hushabye Nursery is meeting or exceeding NAS emerging models of care outcomes after 10 months of operation (November 17, 2020 – September 30, 2021) and 139 infants served.		
OUTCOME	Current Standard	Hushabye Nursery
NAS infants treated with morphine	98%	22%
NAS infants Average Length of Stay in NICU	22 days	6.5 days
NAS infants Average cost of hospitalization	\$44,824	\$5,922
Percent of infants who took majority of feeds from breast	20%	35%
Percent of infants who were safely discharged to a biological parent	Not reported	65% (85% if active with Hushabye Nursery pre-natal program)
Source: Grossman, MR, Berkwitz AK, Osborn RR, et al. An Initiative to Improve the Quality of Care of Infants with Neonatal Abstinence Syndrome. Pediatrics. 2017; 139(6):e20163360.		



Hushabye Nursery makes a Difference.

We care for babies, support families, and save taxpayer dollars, resulting in:

1 Collective Impact

By connecting community partners, we will build collaboration and connect the silos.

3 Reduced Costs

By providing specialized care and wraparound services, we will save money throughout their entire lives.

2 Stronger Families

By providing wraparound services (including DCS Safe Model), we will help families stay together.

4 Better Outcomes

By caring for NAS babies – the tiniest victims of the opioid epidemic – we will build brighter futures.



HUSHABYE BABIES



Future Impact of Hushabye Nursery



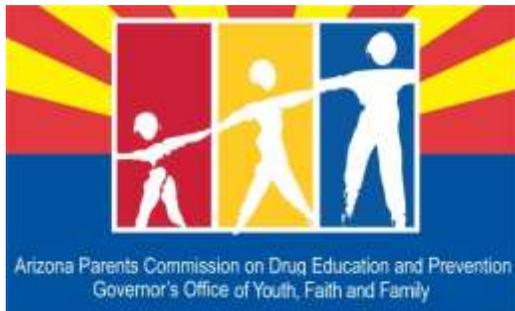


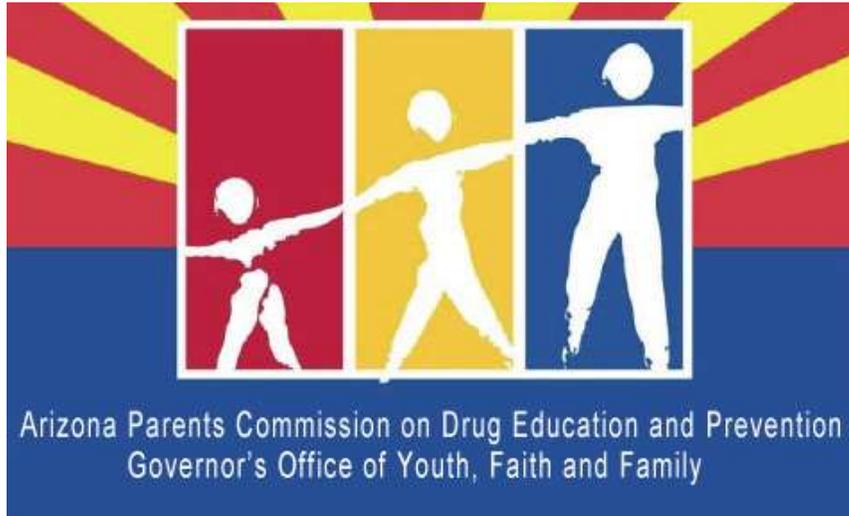
Thank you

Arizona Parents Commission on Drug Education & Prevention

Wellington Consulting Group, Inc.

Dr. Jane Dowling, President & CEO





YEAR TWO EVALUATION REPORT

Jane Dowling, PhD

Lyra Contreras, MPH

Wellington Consulting Group, Ltd.

Annual Performance Measures

Directly Impacted

22,263 Youth

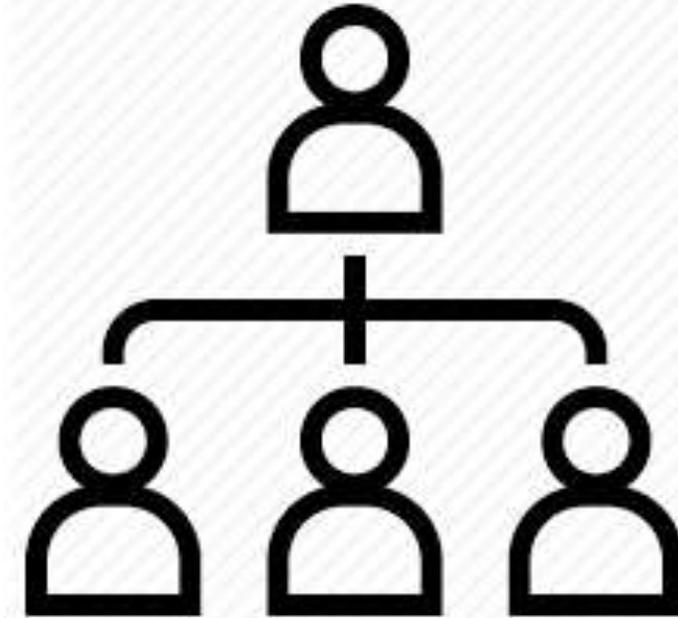
17,430 Adults

Indirectly Impacted

392,630 Youth

4,856,773 Adults

7,812,673 Unknown



of Materials Disseminated

295,425

of Events Conducted

1,071

Evaluation Overview

Process evaluation designed to include an analysis and monitoring of each grantee's process of creating and implementing a Parenting Program.

Outcome evaluation designed to measure the overall effectiveness of each program in meeting its goals and objectives in the context of insights gained from the process evaluation as well as looking at the target outcomes across all the sites.

Process Evaluation



Web-Based System



Monthly
Process
Report

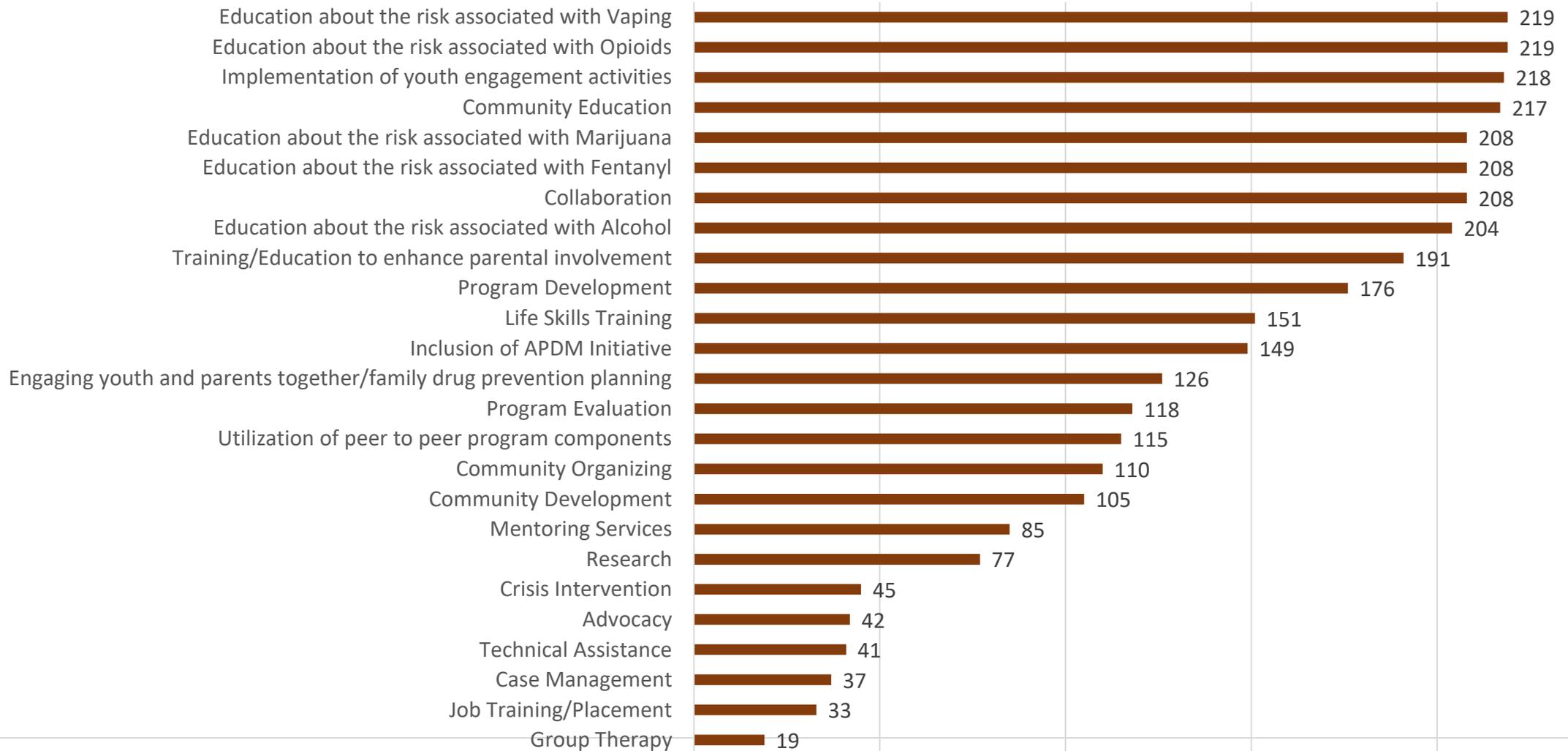
Number served
Challenges/successes
Plans to overcome challenges
Family engagement activities



Standard Fidelity
Survey

For evidence-based programs

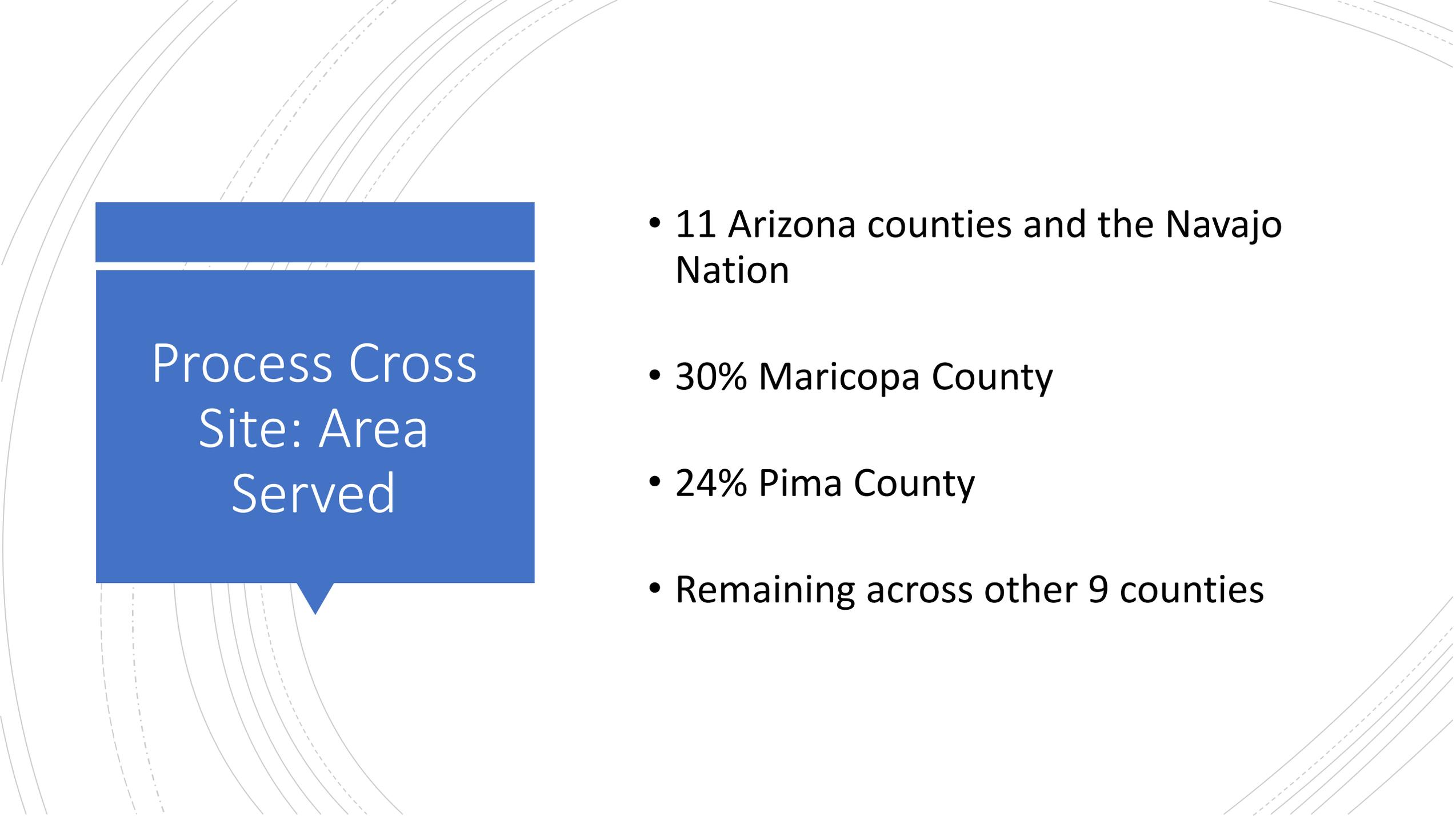
Types of Services & Activities Implemented: All Agencies Combined



Influencing Factors	# of Agencies	# of Challenge Comments	# of Success Comments
Covid	22	97	9
Change in platform	21	56	41
Recruitment	20	22	66
Participation	19	27	37
Scheduling	19	35	14
Program Resources	13	0	32
Programming Issues	12	29	3
Retention	12	22	7
Collaboration	11	0	33
Staffing	8	13	3
Adverse events	6	9	0
Internal prevention team meetings	6	0	11
Communication with faculty	2	0	5
Communication with family	1	0	4
Professional Development Opportunities	1	0	1

Risk Factors
influencing
Parenting
Program

Risk Factor	% of Total Agencies
Poor Parent/Youth Communication	67%
Family Conflict	63%
Poor Family Management	52%
Youth Attitudes Favorable to Drug Use	48%
Parent Attitudes Favorable to Drug Use	44%
Perceived Risk of Drug use	44%
Lack of Family Cohesion	44%
Knowledge of Risk/Harm of Youth Substance Use	41%
Lack of Family Attachment / Involvement	33%
Family Stress	22%
Knowledge of Trauma and Substance Abuse	11%

The background features several concentric, curved lines in shades of gray, some solid and some dashed, creating a sense of motion or a circular path. A blue speech bubble shape is positioned on the left side of the slide.

Process Cross Site: Area Served

- 11 Arizona counties and the Navajo Nation
- 30% Maricopa County
- 24% Pima County
- Remaining across other 9 counties

Chicanos Por La Causa

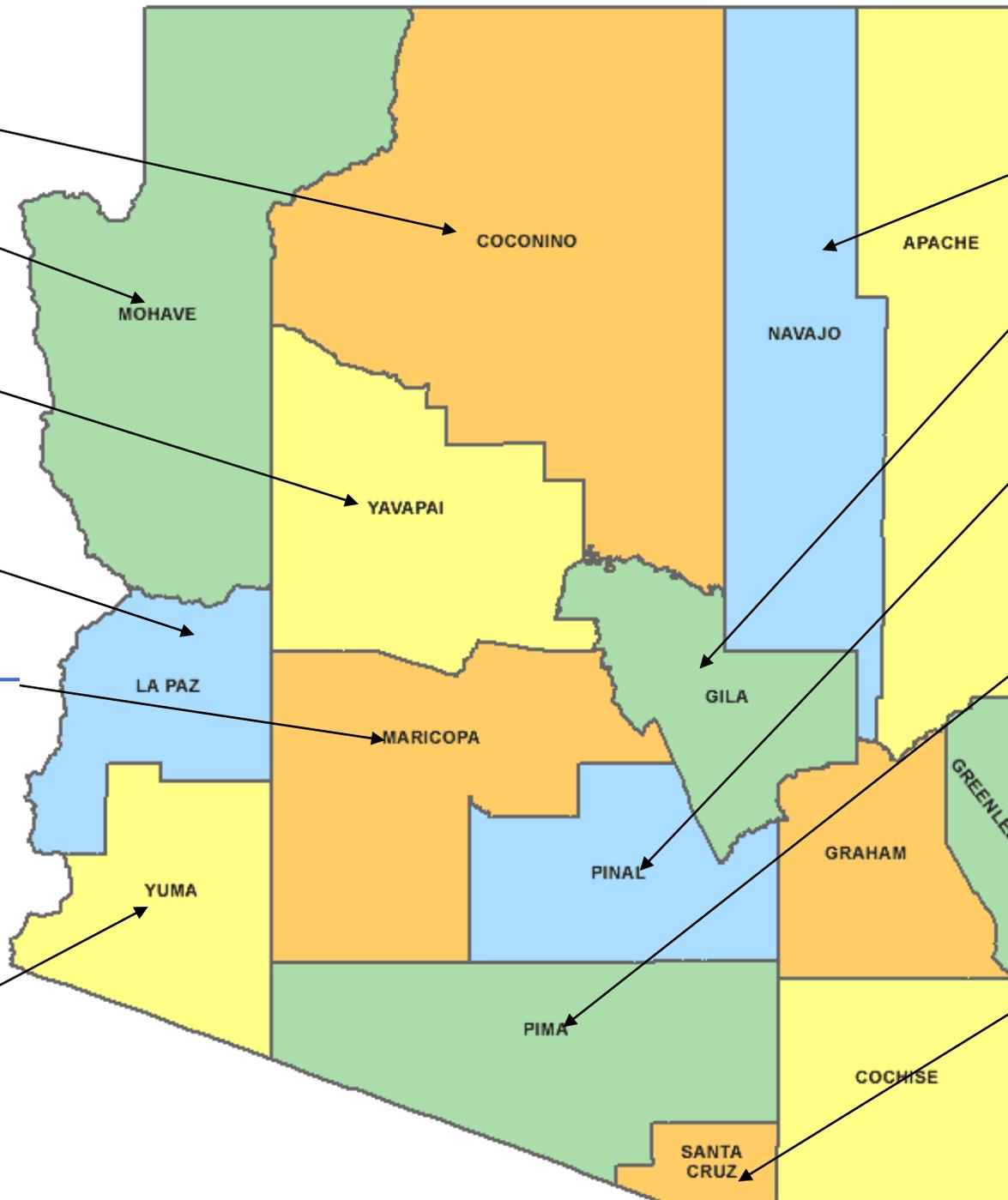
Arizona Youth Partnership
WestCare Foundation

Cottonwood-Oak Creek SD
MATFORCE

PAACE

Fountain Hills
Friendly House
Homeward Bound
ICAN
notMYkid, Inc
Phoenix Indian Center
Pima Prevention Partnership
Queen Creek USD
Southwest Behavioral & Health
Terros, Inc.

Campeños Sin Fronteras



Joseph City USD

Miami Unified School Dist.

Child & Family Resources
Casa Grande Alliance

Child and Family Resources
PPEP

Pima Prevention Partnership
Amistades, Inc.

Arizona Youth Partnership
Pima County Health Dept.

Serenity First Counseling
Southern AZ CAC

Constructing Circles of Peace
Arizona Youth Partnership
Child & Family Resources

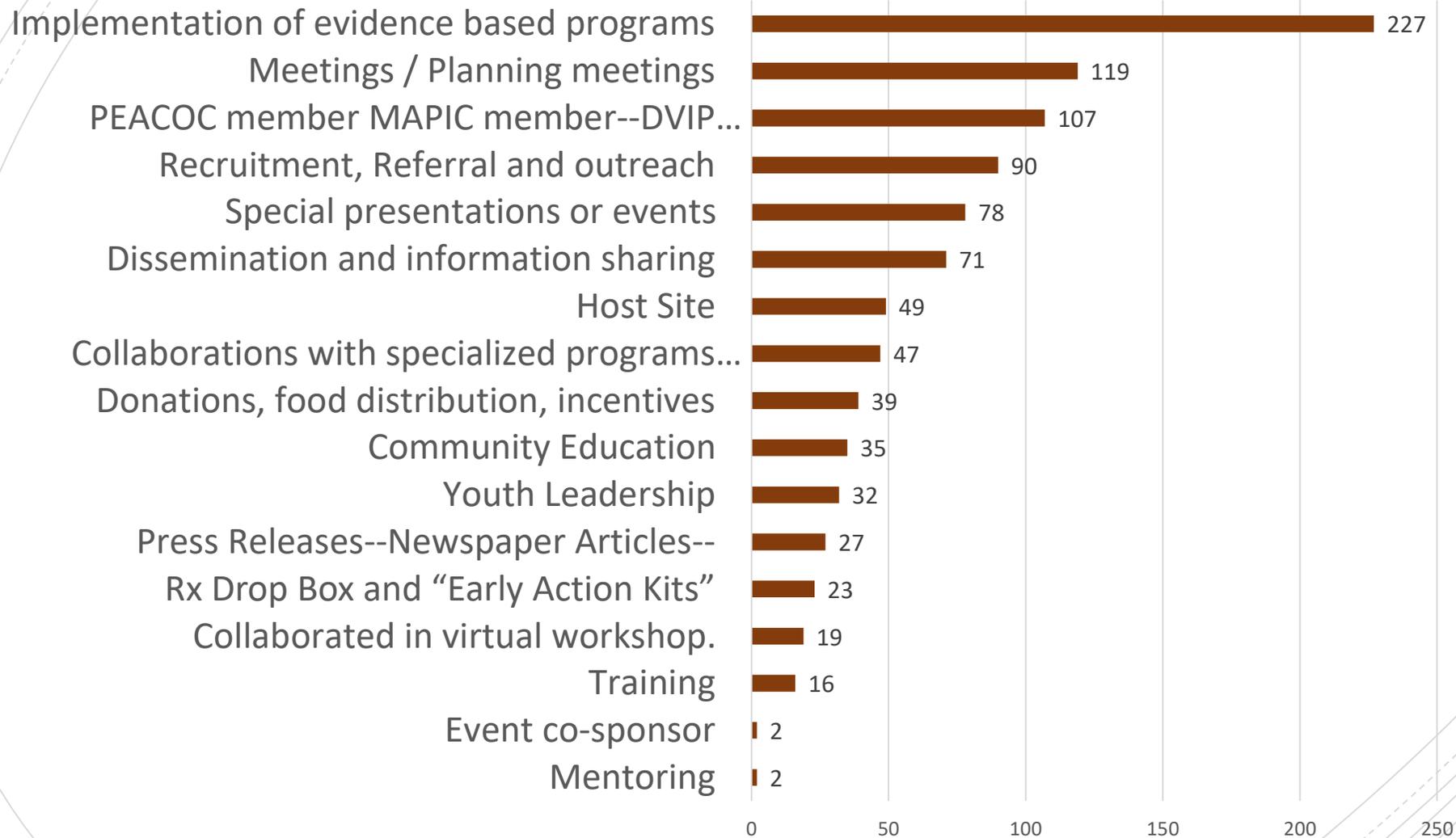
Process Cross Site: Diversity

- 53% female, 43% male, 4% other
- 23% 0 – 12 years
- 32% 13 – 17 years
- 42% over 18 years old
- 3% age unknown
- 3% Black
- 4% Native American
- 1% Asian
- 69% White
- <1% Pac Is/Hawaiian
- 8% Other
- 3% More than one race
- 11% Unknown
- 23% Hispanic

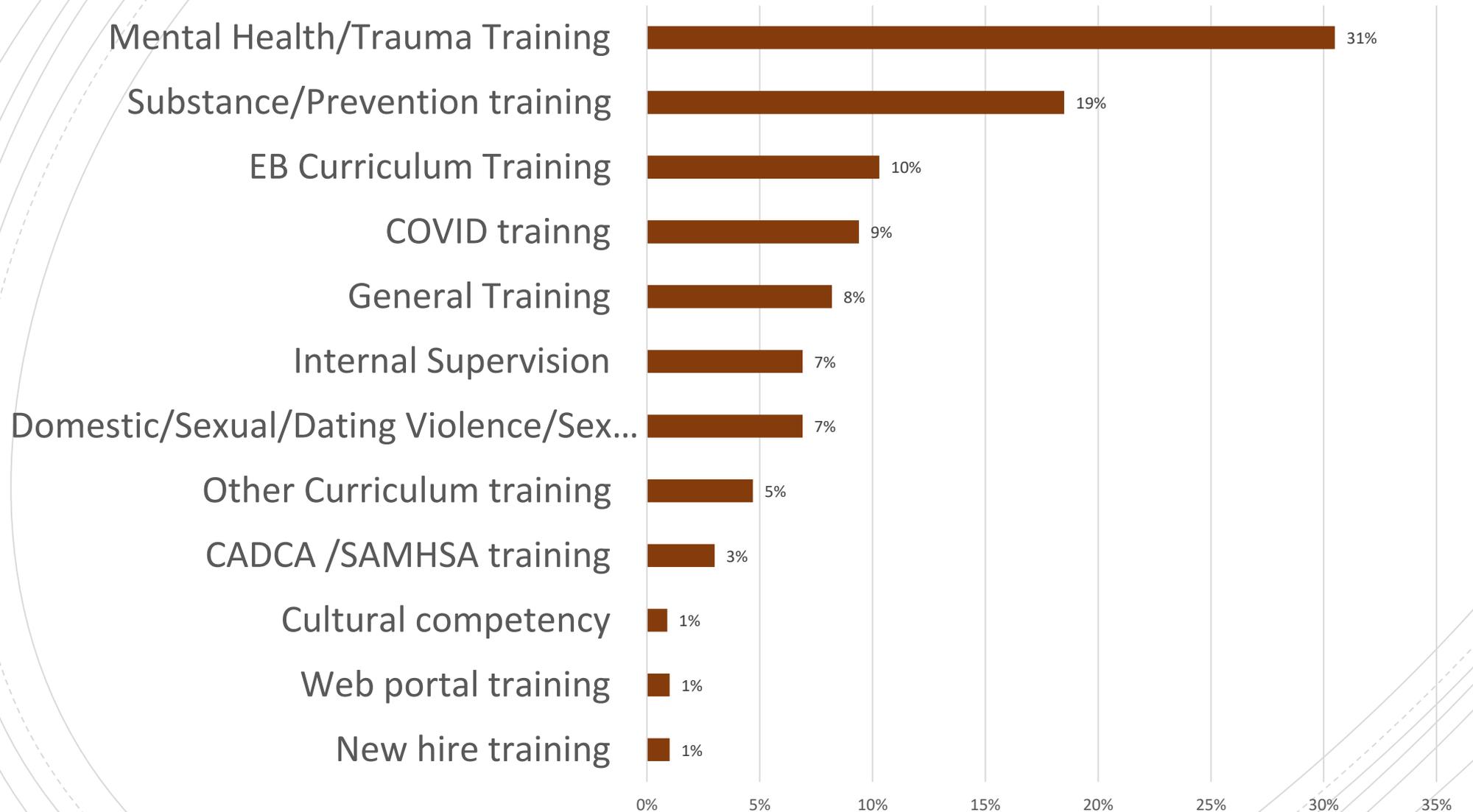
Other Cross Site Areas

- Common outreach and recruitment
- Type of collaboration with agencies/entities
- Type of Trauma Informed Care approaches implemented
- Type of workforce development activities implemented

Frequency of Collaborations by Type (N=26)



Type of Workforce Development by Percentage of Trainings Conducted (N=23)



Examples of Trauma Informed Care Approaches being Implemented

- Trauma informed care approaches are implemented throughout all of the Familia Adelante sessions. Due to the current pandemic, the parent and youth promotoras discuss mental health with participants and serve as bridges to resources for families who are in need. Both staff members were trained in trauma informed care and ensure that all participants are given the resources they may need. Staff is also working with the school partners to assess their level of knowledge regarding trauma informed care.
- Staff attended the AZ ACES Consortium meeting on Aug 20 and has implemented the 6 principles of trauma informed prevention into the planning of the first cohort of this program cycle. Hands on Trauma Informed Care will be incorporated into the SFP classes set to begin in September 2020. In the meantime, the SFP staff has been attending trainings on Trauma informed Care and ACES.
- Program utilizes Restorative Practices, Capturing Kids' Hearts, and RULER SEL techniques with students and staff.
- All Homeward Bound staff involved with the implementation of this program are certified trauma support specialists through the Arizona Trauma Institute.
- QPR and Stress Management presentations provided a Trauma informed approach while maintaining the integrity of the curriculum and respecting the lived experiences of participants in the audience.

TIC Examples (continued)

- The AZPC Prevention team is part of the trauma informed workgroup that currently meets monthly via Webex. The group works on activities to support the school becoming trauma informed, including teacher trainings and providing trauma informed resources for the community.
- There were three suicides of youth in the last couple of months, it discussed with youth coalition and feelings around Covid because people are now discussing people that they know that have been sick or passed away from Covid19. It was also discussed during the Q&A of our Aug. 29th community event.
- The curriculum taught grounding techniques for stress, such as deep breathing and stretching relaxation practices. Additionally, active listening is applied and taught to students as part of the communication skills lesson.
- We promoted safety by having two team members available throughout the duration of the workshop (a facilitator and support staff) to be available for questions and to facilitate safe discussion around workshop presentation material.
- At the beginning of every program cohort as an organization we make a point to talk to the parents to inform them of what type of content will be presented in each session. We explain to them that we understand if any of them need a moment to step away and offer a small wind break area to do just that.

Outcome Evaluation

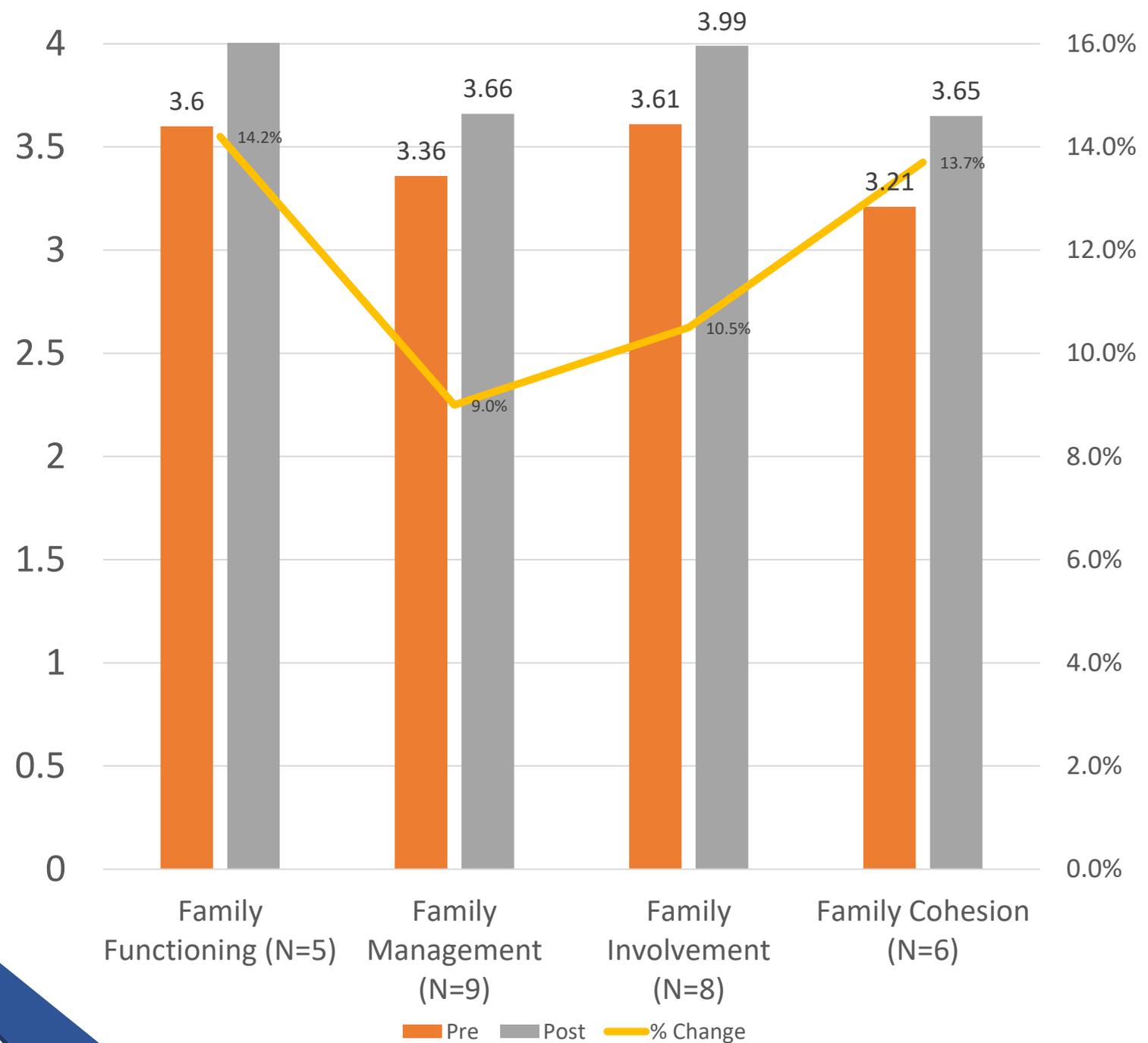
Parent and Youth Surveys

Quarterly Reports

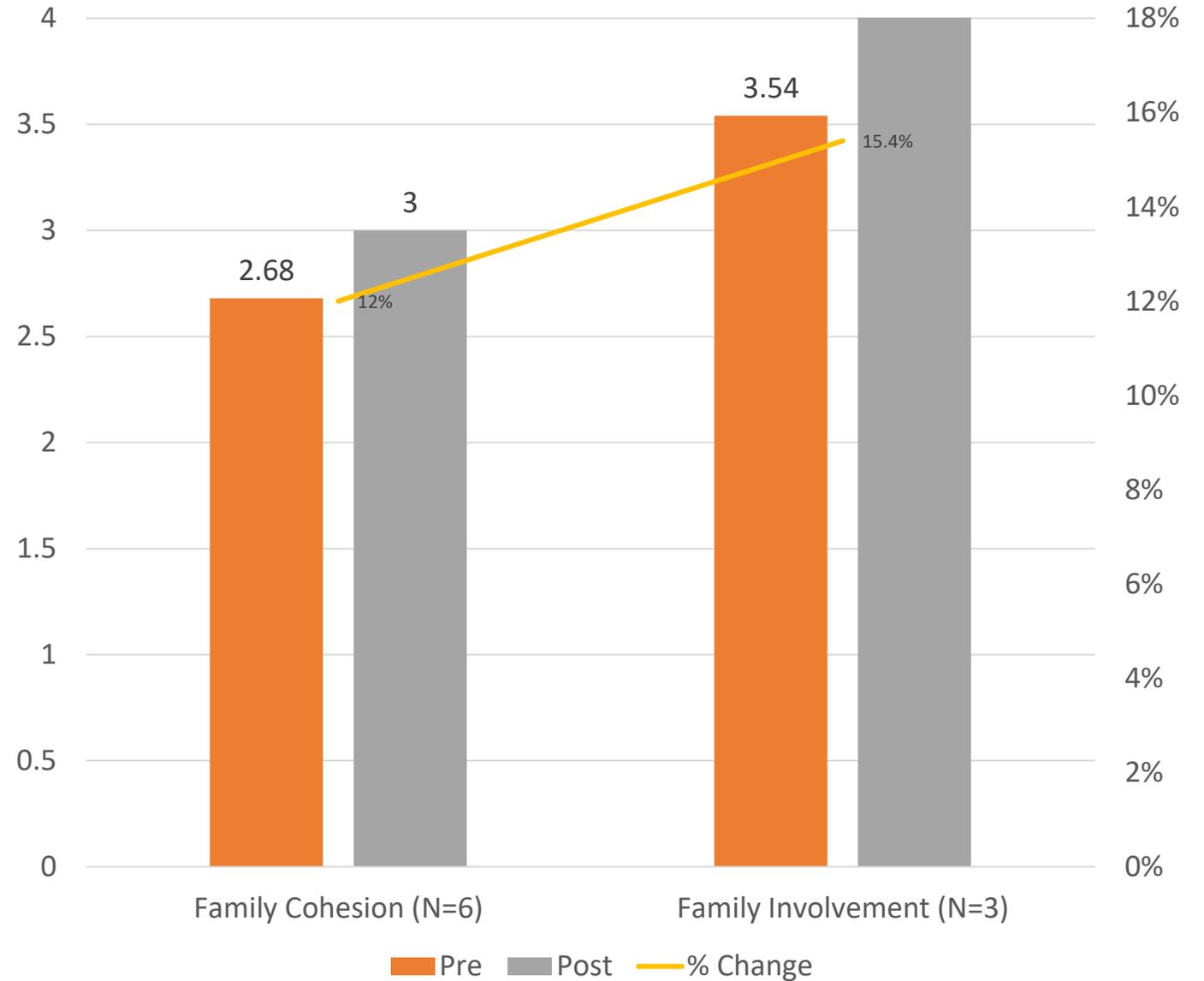
Annual Individual Reports

Annual Aggregate Report

What impact do the evidence-based Parent Programs have on family functioning, family management skills, family involvement, & family cohesion?



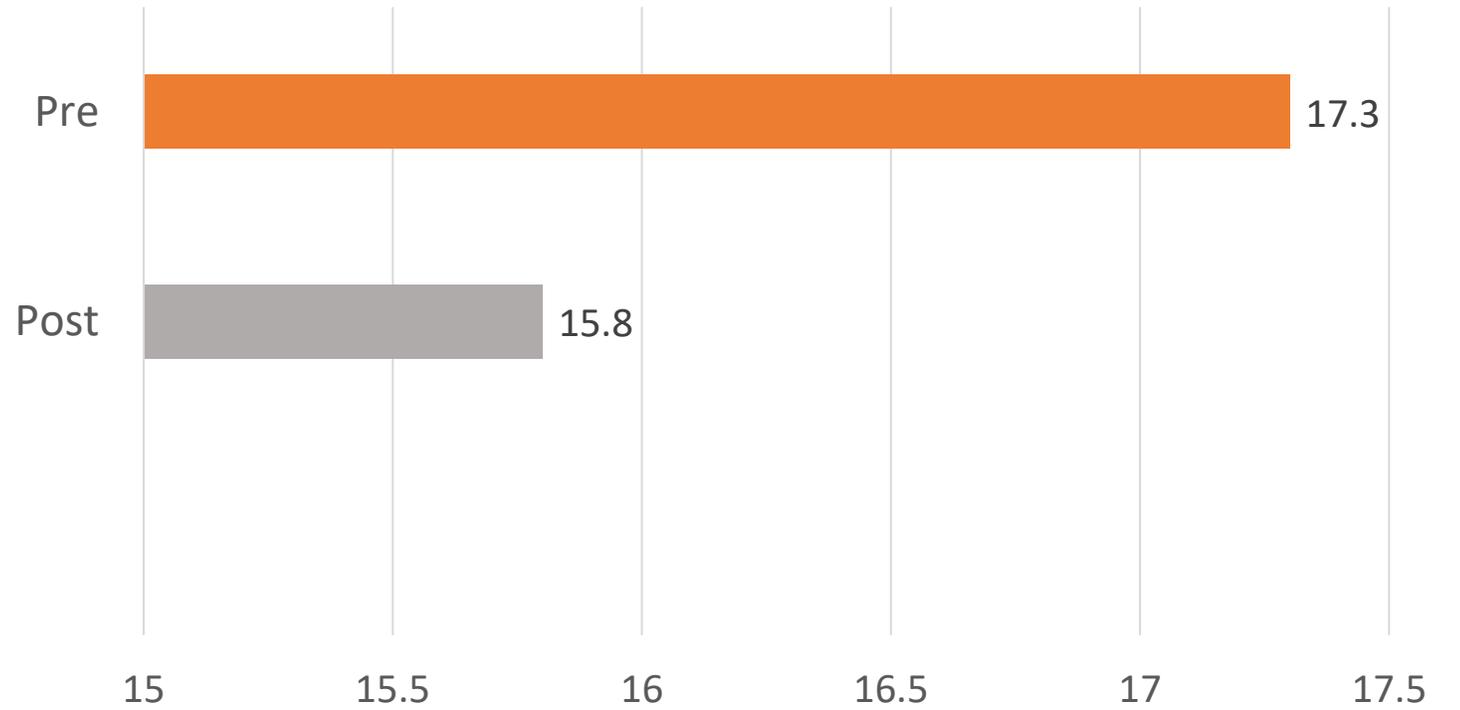
Youth Engagement Activities: Perception of Family Cohesion & Family Involvement



Parent comments...

- It is a very complete and interesting program; it has helped me to be more empathetic with my family to value our time even more. Being a parent is our biggest challenge in life, this program has given me valuable tools to accomplish this beautiful task.
- Things have run much smoother in our household and always a work in progress.
- We have now implemented a charting system which has helped the family. Family meetings are important, so we do those every week now. It was very informative paired with the experiences of others as well.
- I learned a lot of new things on how to be a better parent, how to make my kid feel valued to know which links the kids are watching on YouTube, to teach our kids to be responsible and independent.
- It was an excellent class with a lot to learn from it, for example at home my daughters did not want to do homework and now, by setting limits, I have them do it. Like family time. And the personal time that helped me connect with each of my daughters.
- This program helped me learn ways to be interactive to improve as a family and as a parent, as well as my safety as a parent as well.

What impact do the evidence-based programs have on parental stress?

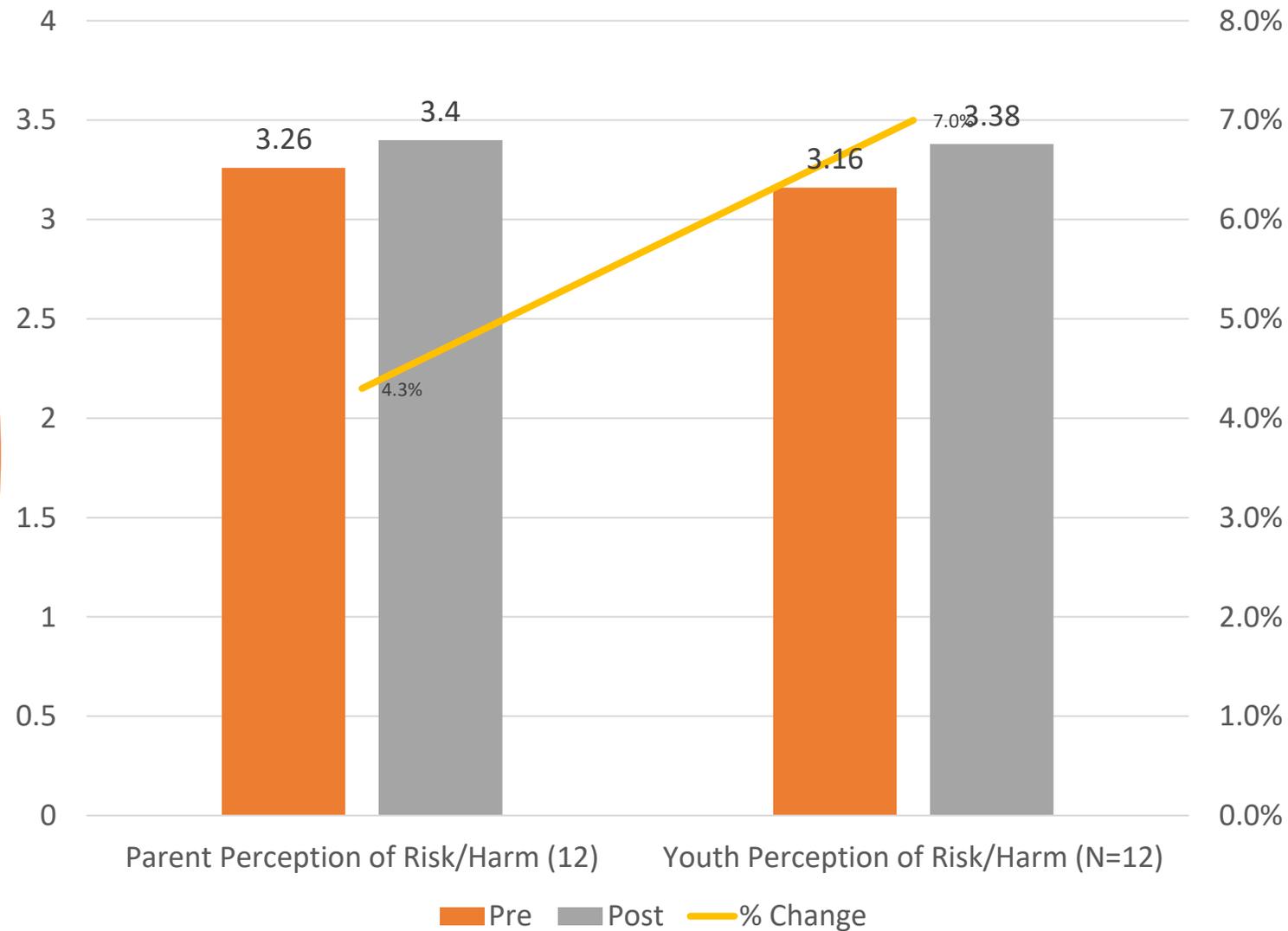


N=3

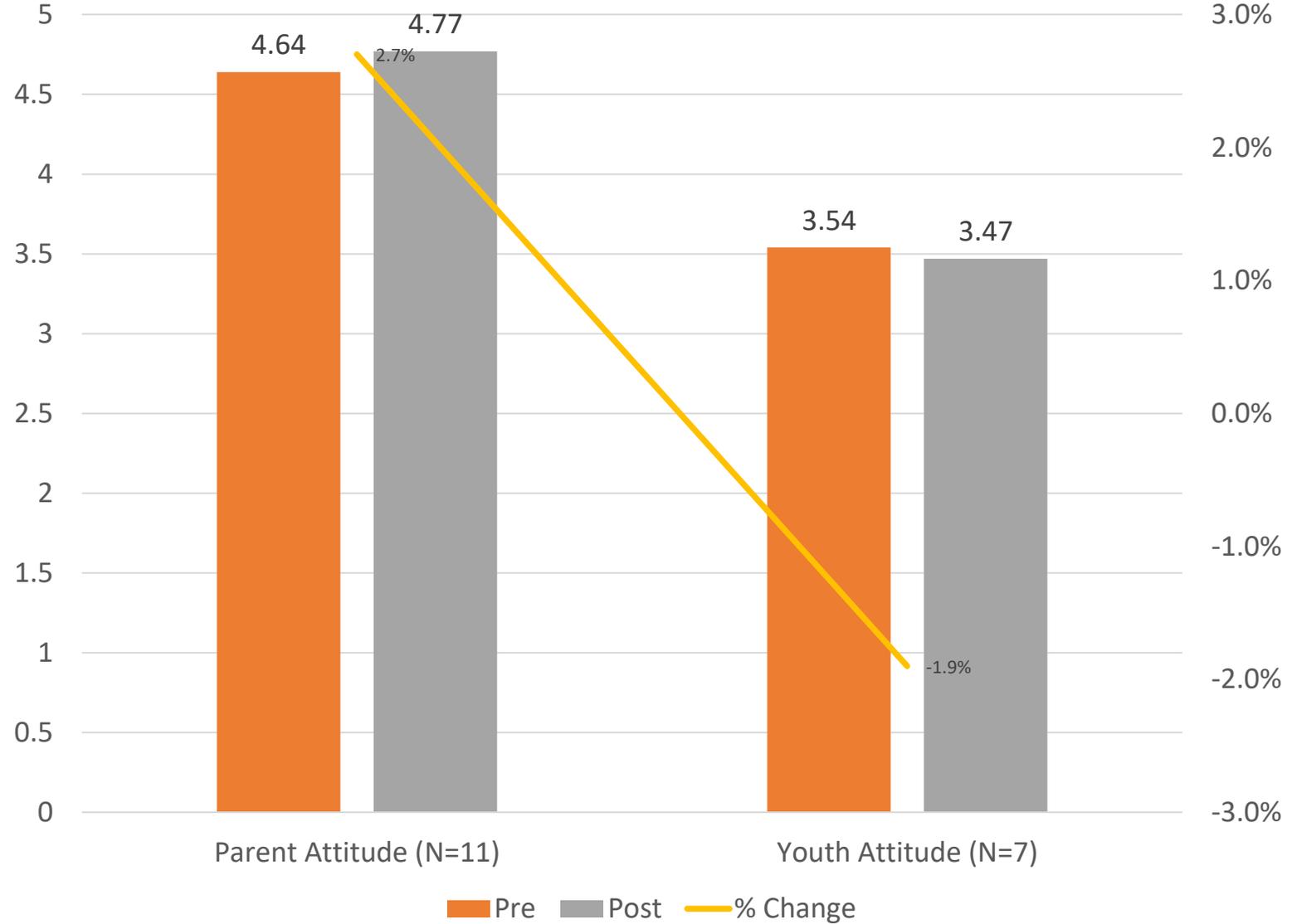
Parent comments...

- Mindfulness was so great to learn.
- Reinforced some things already in place and other tools so I can work on remaining calm
- He helped me feel confident emotionally. Thank you.
- I am grateful for being able to be in the program. It has helped me to stay a little calmer. I have learned many values as a family. I loved the attention chart of my 7-year-old daughter, but as she grows, the teaching that they taught me in the program will help me.
- In this class I learned things that are very important to me and how they have been, and it helped me a lot to cope with these.
- It has been very helpful especially in these times of stress
- More communication with children and the issue of stress was very good

What impact do the evidence-based programs have on parental/youth perception of the serious risk and health problems of alcohol and substance use?



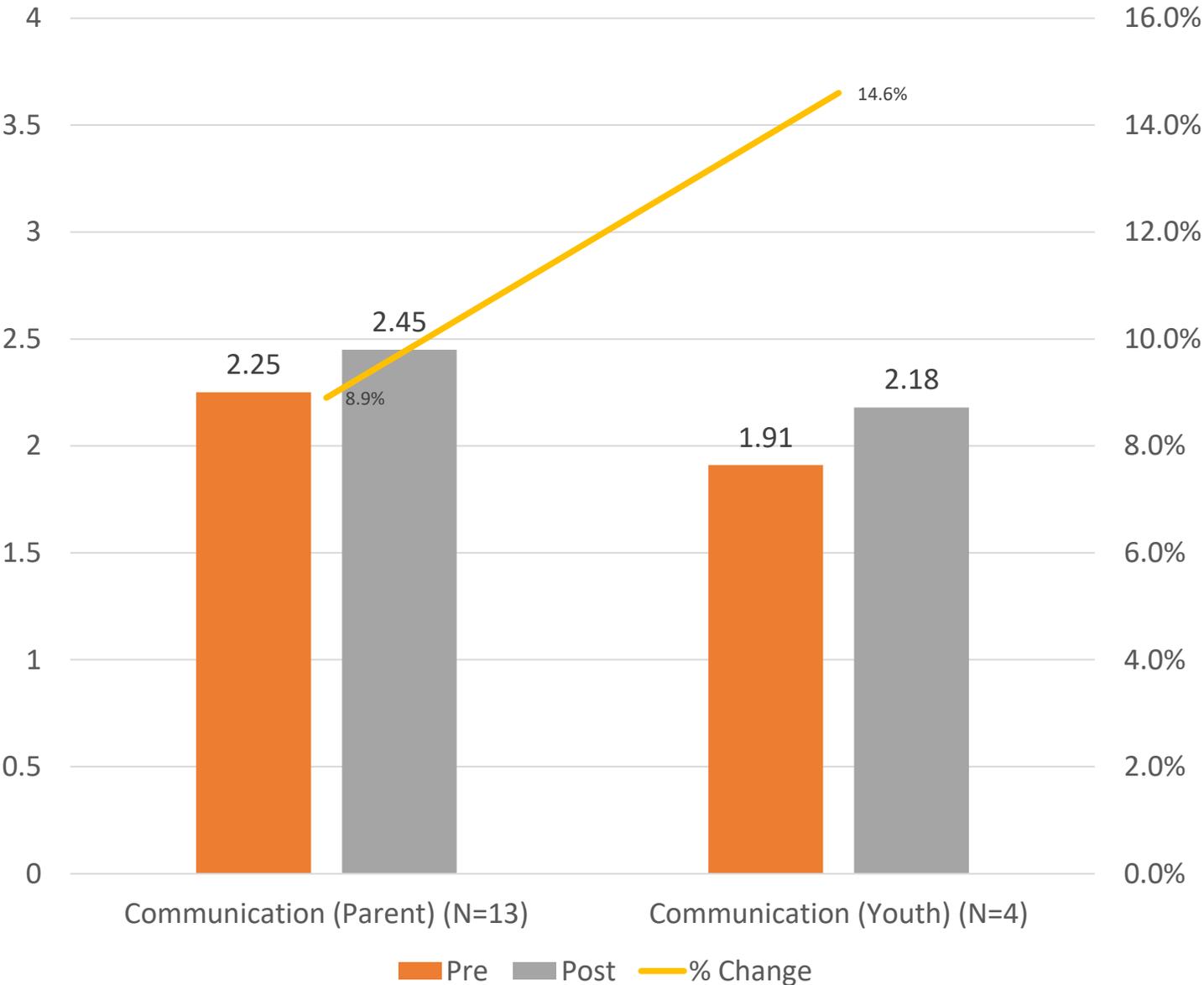
What impact do the evidence-based programs have on parental/youth attitudes towards underage drinking, binge drinking, and illegal drug use?



Parent Comments on Risk/Harm & Attitudes...

- It was very good to have these kinds of programs because of the information they give. It helps to remember that our children are exposed to many risks and how to prevent them.
- Realizing all the risks there are and keeping me more alert
- Seeing such high statistics on drugs and alcohol
- The truth, it was very good for me to take this course because I do not know many things about drugs, and I liked how to set rules and be clear
- This program informed me more about drugs, alcohol and cigarettes. How to talk to him about these things and where to get the help you need. Thanks for your time
- With this new knowledge, I can bring awareness in my own home to my family. It will help me notice things in my family, as well as help my family avoid these substances in the future.
- As a CASA it will help me to understand substances and also to watch for signs of abuse and possibly act to effect change.
- It gave me the confidence to interact more with my family, I was impacted by the issue of drugs that are currently used and allowed me to know more about them to be alert with my children.
- It has expanded my knowledge of permitted and illegal drugs, the consequences of their short- and long-term use. I'll take this to the family.
- I learned that many medications that we have at home are highly dangerous
- I liked how the program and facilitator helped me to realize the real dangers that are affecting children today and now that I am aware I can keep a better eye out for any warning signs.

What impact do the evidence-based/ evidence informed programs have on parent child communication about alcohol and drug use?



Parent Comments on Parent-Child Communication...

- We are communicating in a better way, spending more time together.
- We communicate often, to understand the seriousness of drug use and how to talk to children.
- Me and my teen daughter usually just sit on different ends of the couch at home and we are on a electronic. Then when we disagree, I scream and throw things. This class has taught me to take the time to try and talk, communicate better and to try not to judge or get upset.
- It helped me to improve communication with my children and to speak more as a family. NAME helped me understand the importance of taking the time to listen to my children and acknowledge what is important to them to build a string relationship.
- There were great ideas about how to effectively communicate as a family, topic suggestions and response suggestions.
- This program has been of great benefit to me as it has given me the tools to help and discipline the children. I am also excited about the importance of communication between father and son and how we should praise our children so that they continue to implement good expectations. This program positively impacted my life
- This program has had a positive impact on my relationship with my 13 year old son. The impact are in the areas of communication, understanding, and purpose. I will definitely continue to practice the tools I learned in this program.
- I will take this information and share with my daughter's father so we can discuss this with her in more in depth. We already talk to her now show her what to look out for.
- It has given me more information than I knew, now I talk a lot more than before to my kids about drugs, I let them know that I am here to support them and not to judge them.

What impact do the evidence-based/ evidence informed programs have on knowledge of how to mitigate the risk of trauma on youth substance use?

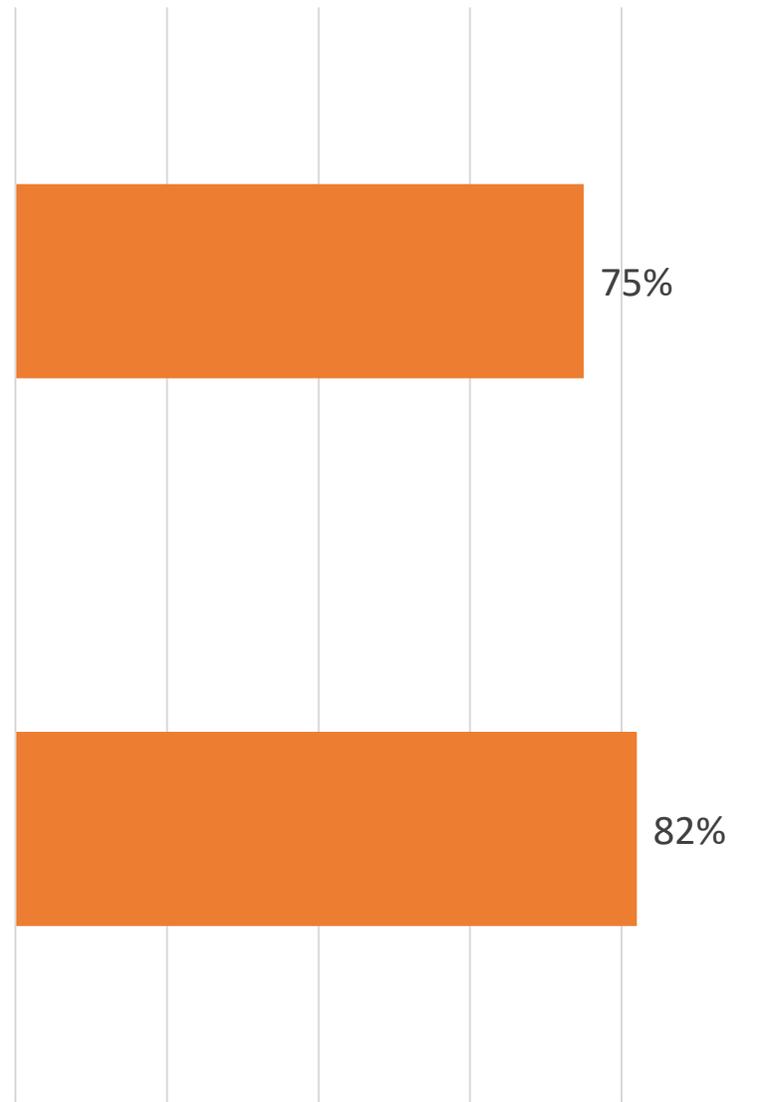
Parent Perception of Youth Stress Reduction

75%

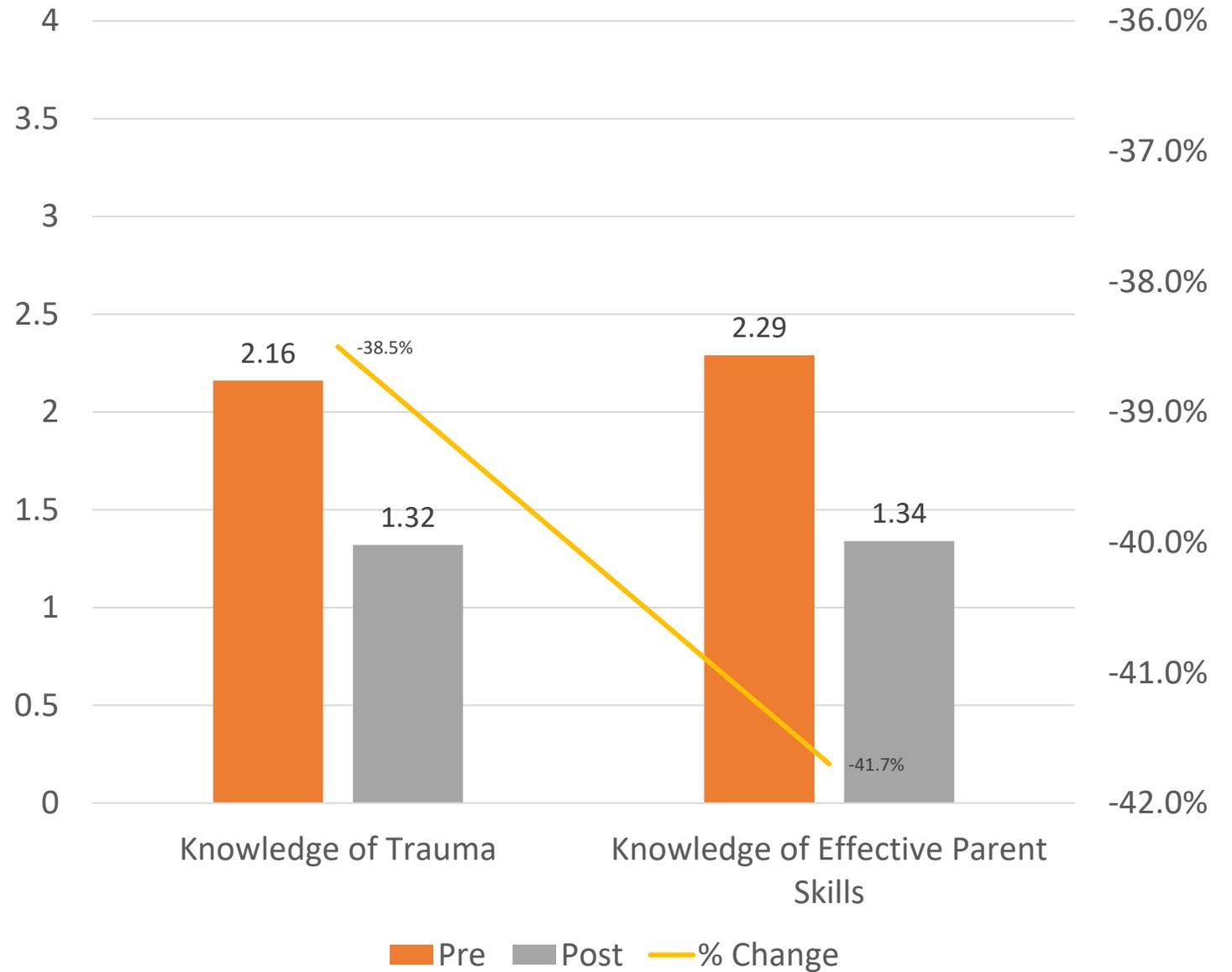
Youth Perception of Stress Reduction

82%

0% 20% 40% 60% 80% 100%

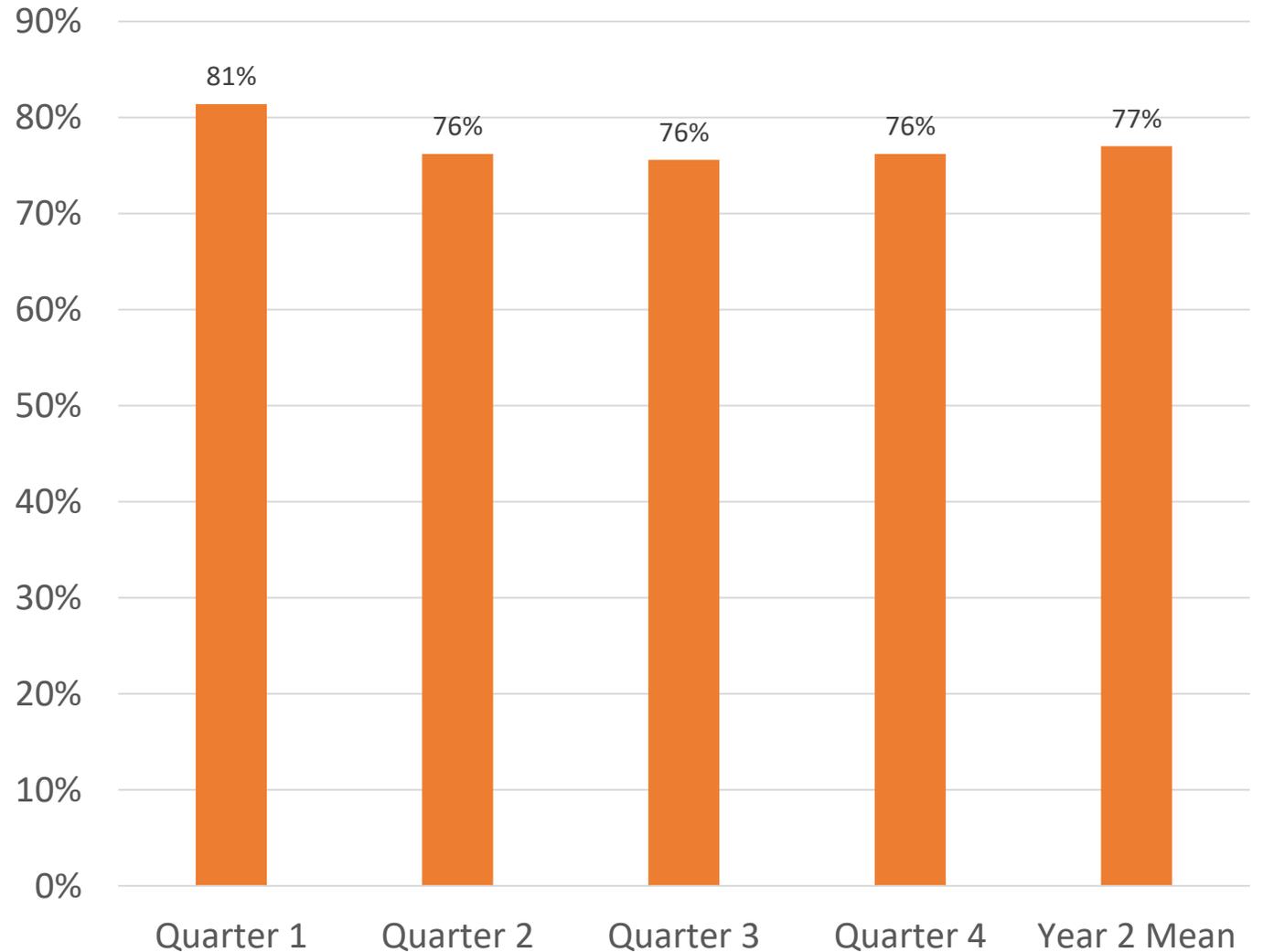


What impact do the evidence-based/ evidence informed programs have on knowledge of how to mitigate the risk of trauma on youth substance use?



What impact do the evidence-based/ evidence informed programs have on knowledge of how to mitigate the risk of trauma on youth substance use?

Adult Knowledge of Links between Adolescent Trauma and Substance Abuse



Parent Comments on Knowledge of Trauma...

- Thank you, NAME guides us on the steps to get psychological help for my 14-year-old daughter who is very angry, a liar and sometimes threatens to commit suicide if we do not do what she wants.
- Thanks to this program I am aware of the danger that my grandson was in, NAME helped me to get professional psychological help, because my grandson often threatened to kill himself due to the death of his father. Thank you because through this program I was able to realize the risk and we are paying attention to it.
- It helped me ease the pain of my husband's loss, and to better understand and listen to my 7-year-old daughter.

Summary of Outcome Results

	N	Target Outcome	
		Met	Not Met
Family functioning	5	80%	20%
Family management	9	67%	33%
Family involvement: Adult	8	88%	13%
Family involvement: Youth	3	100%	0%
Family conflict	5	60%	40%
Family cohesion: Adult	6	100%	0%
Family cohesion: Youth	6	67%	33%
Parental stress	3	67%	33%

Summary of Outcome Results

	N	Target Outcome	
		Met	Not Met
Perception of risk/harm: Adult	12	50%	50%
Knowledge of Rx risk/harm: Adult	3	100%	0%
Knowledge of vaping risk/harm: Adult	2	50%	50%
Perception of risk/harm: Youth	12	50%	50%
Knowledge of Rx risk/harm: Youth	5	60%	40%
Knowledge of vaping risk/harm: Youth	3	33%	67%
Attitude toward youth substance use: Adult	11	27%	73%
Attitude toward youth substance use: Youth	7	29%	71%
Parent child-communication: Adult	13	69%	31%
Parent child-communication: Youth	4	50%	50%
Parent knowledge of risk of trauma	3	100%	0%

Program Satisfaction

How would you rate the way the class was conducted?	Mean N=562
The opportunity to exchange ideas	4.80
The opportunity to ask questions during the class	4.81
The materials provided during the class	4.81
The knowledge and experience of the group leaders/facilitators	4.86
The skills of the group leaders/facilitators to conduct the class	4.86
Aggregate Average	4.83

Parent Comments: Support Needs

27% of parent comments were directed at the need stated by the parents to practice what they have learned in class.

Approximately 16% of the parents indicated a need for more materials – many asking for copies of the DVDs or videos for their home use and to share with family members who could not attend the class.

11% made comments on Specific Topics – sexual health, vaping, discipline/temper tantrums, teenagers, communication, more information on drugs and children with special needs.

Approximately 9% of the parents requested longer class times and/or additional classes and programs to support what they learned.

Parent Comments: Suggestions

20% had suggestions or comments related to the platform being used (virtual vs in-person). Mixed with some parents having difficulty with the virtual online presentations and other indicating they hoped the virtual classes would continue.

13% of suggestions indicated the need for **more classes or follow-up classes; more extensive programs;** Another 8% indicated a need for **more time** in the classes

12% of the suggestions asked for **more information around communication, parental stress, help with teens,** information on substance abuse, updated information on drugs, opioids, statistics, anger management

Another 12% of parents made **general positive comments** about the program and the impact it had on their families.

How the Program Affected Parents

How has this program affected you as a parent and how you are using it in your family?	% of 378 Comments
RISK / PROTECTIVE FACTORS:	
Parent-Child Communication	26%
Specific Parent Skills / Patience / Family Management	14%
Knowledge of / Prevention of Substance Use	8%
Family Conflict / Discipline	7%
Family Bonding / Cohesion / Involvement	6%
Family Functioning	3%
Parental Stress	2%
Youth Stress / Peer Support	1%
Trauma / Resilience	1%

How the Program Affected Parents

How has this program affected you as a parent and how you are using it in your family?	% of 378 Comments
GENERAL COMMENT TOPICS:	
Comments indicating it was a “very good program” / learned many things	17%
Class characteristics	4%
Need to practice what was learned	4%
Working with Teens	3%
Knowing they are not alone / testimonies	1%
More classes / more time / more information / more follow-up	1%
Platform - virtual versus in-person	1%
Resources for children / families	1%
Will share information with others	1%

Recommendations

- It is recommended that agencies ask the parents during recruitment what they prefer for the delivery of the program. It may be possible to even offer a hybrid approach where parents participate in both in-person and virtual classes.
- Continue to recommend that a “community of practice” for e-learning be established that will allow grantees using virtual platforms to:
 - Share knowledge and effective practices
 - Develop informal networks and mutually helpful relationships among grantees using the same evidence-based curricula
 - Identify problems and seek solutions to problems shared by grantees
 - Provide opportunities to explore and innovate

Recommendations Continued...

- This community of practice format could be used to provide opportunities to explore the topic of TIC approaches and allow the grantees to share what works and the challenges they have encountered.
- Grantees should develop strategies to address recruitment and participation during the pandemic. If a community of practice is established, grantees could also discuss recruitment strategies that have been successful for other agencies.
- Approval to condense or combine classes should be approved by the developer and by GOYFF.
- It is recommended that more programs develop an objective to measure the impact of their TIC approaches in their programs.
- Parent comments continue to request follow-up after the class is over (13%). It is recommended that grantees consider this option to reinforce the work done by the parents in the class.
- It is recommended that results of longitudinal studies with the parents conducted in the past be reviewed and target outcomes for Parents Commission grant program be reviewed for future funding to ensure meeting the purpose of the Parents Commission funding.

Thank you!

